

**EXTENUATING CIRCUMSTANCES REQUEST FORM**

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| You will need to:   1. Read the Extenuating Circumstances regulations before completing this form. 2. Complete Parts 1, 2 & 3. 3. **Either** ask an appropriate authority to complete Part 4 **or** provide evidence on headed paper. 4. Submit your request as soon as possible and **no later than one week after the EC has taken place** to your **home Department/ Faculty Office** – please check your student handbook/ Moodle for details. 5. Keep a copy for your own records. |

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| PART 1: STUDENT DETAILS |
| For completion by the student |

| Family Name: |  | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | | | | | | | | | | | | | |
| UCL ID Number: |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Contact Email: |  | | | | | | | | | | | | | | | |
| Programme: |  | | | | | Year of Study: | | | |  | | | | | | |
| Home Department: |  | | | | | Home Faculty: | | | |  | | | | | | |
| I agree that details of my Extenuating Circumstances Request can be shared with members of UCL staff who are directly responsible for making a decision. | | | | | | | | | | | | | | | |  |
| All personal data will be treated confidentially and will only be shared with UCL staff who are directly involved in considering your request and making a decision. If you are concerned about disclosing sensitive information to staff in your Department, you may ask for your request to be considered by the Faculty Extenuating Circumstances Panel. Please contact your Faculty Office for details of how to submit a confidential request. | | | | | | | | | | | | | | | | |
| What type of mitigation would you like to apply for? | | | | | | | | | | | | | | | | |
| The type of mitigation will be decided by the appropriate UCL authority and will take into consideration the need to be fair to all students and to maintain UCL’s academic standards. The following will determine how your claim is processed but does not determine the outcome. | | | | | | | | | | | | | | | | |
| Extension of **up to one week** | | | | | | | | | | | | | | | |  |
| Extension of **more than one week** | | | | | | | | | | | | | | | |  |
| Please state length of extension being requested: | | | | | | | | | | | | | | | |
| Deferral (postponement) of assessment to the next occasion | | | | | | | | | | | | | | | |  |
| Condoned late submission | | | | | | | | | | | | | | | |  |
| Other – please specify with reference to the Extenuating Circumstances Regulations: | | | | | | | | | | | | | | | |  |
| PART 2: AFFECTED ASSESSMENTS | | | | | | | | | | | | | | | | |
| For completion by the student | | | | | | | | | | | | | | | | |
| Please tell us about the assessments which have been affected by the EC: | | | | | | | | | | | | | | | | |
| Assessment 1: | | | | | | | | | | | | | | | | |
| Module name: | | |  | | | | | | | | | | | | | |
| Module code: | | |  | | | | | | | | | | | | | |
| Title of assessment: | | |  | | | | | | | | | | | | | |
| Assessment type (e.g. essay, exam): | | |  | | | | | | | | | | | | | |
| Assessment deadline/date: | | |  | | | | | | | | | | | | | |
| Assessment weighting (e.g. 40%): | | |  | | | | | | | | | | | | | |
| Mitigation sought for this assessment: | | |  | | | | | | | | | | | | | |
| Lecturer/ module organiser: | | |  | | | | | | | | | | | | | |
| Is this an interdepartmental module? | | | Yes/ No | | Teaching department: | | | |  | | | | | | | |
| Is this an intercollegiate module? | | | Yes/ No | | College name: | | | |  | | | | | | | |
| Assessment 2: | | | | | | | | | | | | | | | | |
| Module name: | | |  | | | | | | | | | | | | | |
| Module code: | | |  | | | | | | | | | | | | | |
| Title of assessment: | | |  | | | | | | | | | | | | | |
| Assessment type (e.g. essay, exam): | | |  | | | | | | | | | | | | | |
| Assessment deadline/date: | | |  | | | | | | | | | | | | | |
| Assessment weighting (e.g. 40%): | | |  | | | | | | | | | | | | | |
| Mitigation sought for this assessment: | | |  | | | | | | | | | | | | | |
| Lecturer/ module organiser: | | |  | | | | | | | | | | | | | |
| Is this an interdepartmental module? | | | Yes/ No | | Teaching department: | | | |  | | | | | | | |
| Is this an intercollegiate module? | | | Yes/ No | | College name: | | | |  | | | | | | | |
| If more assessments are affected, please continue on a separate sheet and attach this to your form. | | | | | | | | | | | | | | | | |
| PART 3: DETAILS OF THE EC | | | | | | | | | | | | | | | | |
| For completion by the student | | | | | | | | | | | | | | | | |
| Dates affected by the EC: | | From: | | | | | | To: | | | | | | | | |
| Nature of the EC: | | | | | | | | | | | | | | | | |
| Please explain what has happened and how it has affected your assessment: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Signature of applicant: *An email from your registered UCL email address can also be accepted as a form of signature.* | | | | |  | | | | | | | | Date: | | |  |
| PART 4: SUPPORTING EVIDENCE | | | | | | | | | | | | | | | | |
| For completion by a verifiable, independent authority | | | | | | | | | | | | | | | | |
| Students will need to ask a verifiable, independent authority (such as a GMC-registered medical practitioner, solicitor, undertaker, coroner, registrar of births, marriages and deaths, police officer, fire officer, court or tribunal officer) to either:   * Complete, sign and stamp this section of the form, or * Provide evidence on headed paper | | | | | | | | | | | | | | | | |
| **Full name:** | |  | | | | | | | | | | | | | | |
| **Role:** | |  | | | | | | | | | | | | | | |
| **Authority/ organisation:** | |  | | | | | | | | | | | | | | |
| Please describe the nature and severity of the student’s Extenuating Circumstances. Please be as clear, specific and unambiguous as possible so that we can provide appropriate mitigation for the student: | | | | | | | | | | | | | | | | |
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| Please describe how the circumstance affects the student’s ability to complete the assessments described in Part 2 (e.g. Will the student miss an exam? Will they be unable to meet a coursework deadline?): | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please provide the dates when the circumstance started and when the student was/will be fit to return to study. Please note that these will need to correlate with the dates of the assessments listed in Part 2: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Signature of person providing evidence: | | | |  | | | | | | | | | Date: | | |  |
| Official Stamp: *Where no official stamp is available, evidence must be supplied on headed paper*. | | | |  | | | | | | | | | | | | |
| PART 5: DECISION | | | | | | | | | | | | | | | | |
| For Office Use Only | | | | | | | | | | | | | | | | |
| ONE WEEK EXTENSION | | | | | | | | | | | | | | | | |
| Does the request meet the definition of an EC as outlined in ‘Annex 1: Acceptable Grounds for Extenuating Circumstances’? | | | | |  | | | | | | | | | | | |
| Is the claim supported by appropriate evidence? | | | | |  | | | | | | | | | | | |
| Extension approved? | | | | |  | | | | | | | | | | | |
| New deadline: | | | | |  | | | | | | | | | | | |
| Staff name: | | | | |  | | | | | | | | | | | |
| Role: | | | | |  | | | | | | | | | | | |
| Staff signature:  *An email from your registered UCL email address can also be accepted as a form of signature.* | | | | |  | | | | | | | Date: | |  | | |
| DECISION OF THE FACULTY/ DEPARTMENTAL EC PANEL | | | | | | | | | | | | | | | | |
| Does the request meet the definition of an EC as outlined in ‘Annex 1: Grounds for Extenuating Circumstances’? | | | | |  | | | | | | | | | | | |
| Is the claim supported by appropriate evidence? | | | | |  | | | | | | | | | | | |
| EC approved? | | | | | Accept | | Reject | | | | Pending - further evidence required | | | | | |
| Approved mitigation: | | | | |  | | | | | | | | | | | |
| If applicable, has the student’s teaching Department/ College been consulted on the mitigation? | | | | |  | | | | | | | | | | | |
| FECP/ DECP Chair’s name: | | | | |  | | | | | | | | | | | |
| FECP/ DECP Chair’s signature:  *An email from your registered UCL email address can also be accepted as a form of signature.* | | | | |  | | | | | | | Date: | | |  | |
| *Please ensure that* ***Parts 1, 2 and 5******only*** *are communicated to the student, the teaching department/College and UCL Student Records (where applicable) within one week of the decision.*  *Please send the* ***full EC Form (Parts 1 to 5 inclusive)*** *to the secretary of the home Faculty or Departmental Extenuating Circumstances Panel for secure and confidential record-keeping.* | | | | | | | | | | | | | | | | |